2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/31/2007-90001-007-$150.00-$150.00

FILED 07 OCT 18 AM 8:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P05000137555

1. Entity Name
CLASS ACT VACATIONS&DESIGNS, INC.

Principal Place of Business	Mailing Address
4321 REFLECTIONS BLVD. N. APT. 104 SUNRISE, FL 33351	4321 REFLECTIONS BLVD. N. APT. 104 SUNRISE, FL 33351

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7531 NW 86th Terr.		7531 NW 86th Terr.	
Suite, Apt. #, etc.: Apt. 203		Suite, Apt. #, etc.: Apt. 203	
City & State: Tamarac, Florida		City & State: Tamarac, Florida	
Zip: 33321	Country: USA	Zip: 33321	Country: USA

08122007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-3604193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GEHRMAN, MARINA 4321 REFLECTIONS BLVD. N. APT. 104 SUNRISE, FL 33351	Name: Marina Gehrman Street Address (P.O. Box Number is Not Acceptable): 7531 NW 86 Terrace Apt. 203 City: Tamarac FL Zip Code: 33321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GEHRMAN, MARINA 4321 REFLECTIONS BLVD. N. APT. 104 SUNRISE, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 7531 NW 86 Terr., Apt. 203 Tamarac, Fl. 33321	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHRMAN, MARINA 4321 REFLECTIONS BLVD. N. APT. 104 SUNRISE, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 7531 NW 86 Terr., Apt. 203 Tamarac, Fl. 33321	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jm 10/22	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marina Gehrman Marina Gehrman 9-24-07 954-609-7317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #